

# State Planning Office

## Community Planning and Investment Program - Request for Payment Form

Encumbrance (or Agreement) #:

Date:

Grantee Name and Address:

Name and Address of Institution (for direct deposit):  
(Print "Grantee" if no direct deposit requested.)

Grant Type (eg. Comprehensive Plan, CP Update,  
Implementation, Smart Growth Challenge etc.):

Account # (for direct deposit):

Contact Person:

Telephone #:

FAX #:

Typed or Printed Name of person(s) authorized to sign  
Request for Payment forms:

I certify: that to the best of my knowledge the data  
reported herein is correct; that all expenditures were  
made in accordance with grant conditions.

Signature(s):

Local Share Committed to Program:

Local Share Expended to Date:

Activities	Payment #	Total Budget - SPO Funds Only	Funds Requested to Date	Amount This Request	Balance Remaining
<b>Totals:</b>					

When required (See Rider D of your contract) please attach documentation supporting the amount requested and match expended.

**DO NOT WRITE BELOW THIS LINE - OFFICIAL SPO USE ONLY**

Approval for Payment

amount: \$

vc

Appropriation #

docid #

Encumbrance #

fnd

Invoice #

org

Appr. Date

Authorized Signature:

Date: